

INLAYS (12 MONTH WAITING PERIOD MUST BE SATISFIED)	
METALLIC INLAY	
two surfaces	520.00
three surfaces	550.00
PORCELAIN INLAY	
one surface	476.00
two surfaces	550.00
three surfaces	600.00
recrement inlay	70.00

MAJOR RESTORATIVE

Pre-op periapical x-ray required.

There is a 3 year frequency limitation on replacements.

CROWNS (12 MONTH WAITING PERIOD MUST BE SATISFIED)	
resin (laboratory)	235.00
porcelain jacket	665.00
porcelain with metal	695.00
full cast metal	680.00
3/4 cast metallic	610.00
gold shell crown	225.00
PORCELAIN LAMINATE	450.00
RECEMENT CROWN	70.00
REPAIR OR REPLACE CROWN FACING	150.00
STAINLESS STEEL CROWN	145.00
CROWN BUILD-UP INC. PINS	115.00
PIN SUPPORT PER TOOTH	50.00
CAST POST & CORE	220.00
PREFAB POST AND CORE	175.00

ENDODONTICS

x-ray evidence of satisfactory completion required

PULP CAP-DIRECT	40.00
VITAL PULPOTOMY	100.00
ROOT CANAL THERAPY, including x-rays	
one canal	525.00
two canals	600.00
three canals	700.00
four or more canals	750.00
APICOECTOMY	
first root	475.00
maximum per tooth	600.00
RETROGRADE FILLING	200.00
ROOT RESECTION	280.00
HEMISECTION	200.00

PROSTHODONTICS (12 MONTH WAITING PERIOD MUST BE SATISFIED)

Pre-operative X-rays are required when filing a claim for pre-treatment review or payment on all prosthetics. X-rays of the full arch must be included for all bridgework. There is a five year frequency limitation from date of installation on all prosthetics.

COMPLETE DENTURE	975.00
IMMEDIATE DENTURE	1000.00
UPPER /LOWER PARTIAL	
acrylic base with clasps	825.00
cast metal base	1000.00

REMOVABLE UNILATERAL 3 or 4 teeth	725.00
OBTURATOR	304.00
ENDOSTEAL IMPLANT- two per arch per lifetime	825.00
SUBPERIOSTEAL IMPLANT- two per arch per lifetime	1050.00
BRIDGE PONTIC	
full cast	635.00
plastic with metal	635.00
porcelain with metal	635.00
resin (laboratory)	565.00
cast gold pontic	635.00
ABUTMENT-INLAY 3 SURFACE	585.00
BRIDGE ABUTMENT	
plastic with metal	585.00
porcelain fused to metal	635.00
3/4 crown	590.00
full cast	620.00
porcelain jacket	615.00
CAST METL RETNR-ACID ETCH BRIDGE	365.00
RECEMENT BRIDGE	80.00
PRECISION ATTACHMENT	270.00
DENTURE REPAIRS	
repair complete denture base	150.00
repair denture replace tooth	100.00
replace broken tooth in denture	100.00
replace ext tooth	100.00
repair cast framework	150.00
add clasp to partial denture	130.00
reline complete denture-chairside	150.00
reline complete denture-lab	260.00
reline partial denture-chairside	150.00
reline partial lower-lab	190.00
rebase denture	260.00

PERIODONTIC SERVICES

ROOT SCALING, GINGIVAL CURETTAGE & BITE

CORRECTION, including prophylaxis,	
per quad	85.00
entire mouth	140.00
<i>maximum-four per calendar year</i>	
occlusal adjustment limited	45.00
occlusal adjustment complete	120.00
<i>maximum allowance on any combination of the above services is \$560 in a calendar year</i>	

PERIODONTAL SURGERY

confirmation by charting and/or x-rays required

per quadrant of at least 5 teeth

gingivectomy, gingivoplasty and mucogingival surgery	
per quadrant	210.00
osseous graft-single site	275.00
osseous graft-per quadrant	475.00
osseous surgery,	
including gingivectomy-per quad	600.00
pedicle soft tissue grafts	475.00
free soft tissue grafts	400.00
SPECIAL PERIODONTAL APPLIANCE	85.00



EFFECTIVE SEPTEMBER 1, 2011

DENTAL AND VISION FEE SCHEDULE

Please refer to the booklet for a complete explanation of exclusions and limitations for all services and fees listed below.

SCHEDULE OF DENTAL ALLOWANCES

DIAGNOSTIC & PREVENTIVE

ORAL EXAMINATION	38.00
FULL MOUTH SERIES	
10 to 14 periapical/bitewing films	80.00
PANORAMIC FILM	75.00
INTRAORAL FILM	
periapical or bitewing, first film	11.00
periapical or bitewing, each additional	7.00
OCCLUSAL FILM	41.00
CEPHALOMETRIC FILM	50.00
POSTERIOR-ANTERIOR film	45.00
LATERAL FILM	45.00
TEMPOROMANDIBULAR FILM	70.00
BACTERIOLOGIC STUDIES	75.00
DIAGNOSTIC CASTS	35.00
PULP VITALITY TEST	25.00
PROPHYLAXIS, including scaling and polishing	
adult	70.00
child	60.00
<i>maximum-two in a calendar year</i>	
SEALANT	24.00
<i>to age 19, permanent molars only</i>	
FLUORIDE TREATMENT	
excluding prophylaxis, to age 16	36.00
<i>maximum-two in a calendar year</i>	
SPACE MAINTAINER	
acrylic	202.00
metal	242.00

BASIC RESTORATIVE

SILVER AMALGAM FILLINGS-PRIMARY	
one surface	90.00
two surfaces	105.00
three surfaces	125.00
four or more surfaces	145.00
SILVER AMALGAM FILLINGS-PERMANENT	
one surface	90.00
two surfaces	105.00
three surfaces	125.00
four or more surfaces	145.00
COMPOSITE RESIN	
one surface	115.00
two surface	140.00
three or more surfaces	155.00
SEDATIVE FILLING	45.00
SILICATE FILLING	40.00

ORAL SURGERY

ROUTINE EXTRACTION	110.00
EXTRACTION-ROOT REMOVAL	130.00
SURGICAL EXTRACTION	235.00
<i>must be demonstrated by x-ray</i>	
impaction-soft tissue	300.00
impaction-partial bony	375.00
impaction-complete bony	425.00
residual roots	200.00
ALVEOLECTOMY	270.00
ALVEOLECTOMY-DENTURE PREP	115.00
BIOPSY OF SOFT TISSUE	170.00
EXCISION OF TUMOR	350.00
CYST REMOVAL <1.25cm	345.00
CLOSURE OF ORAL ANTRAL FISTULA	175.00
SURG. EXP-IMP/UNERUP(FOR ORTHO)	375.00
SURG. EXPOSURE-IMP/UNERUP	150.00
INCISION AND DRAINAGE	100.00
MAXILLA-CLOSED REDUCTION	510.00
UPPER/LOWER JAW-OPEN REDUCTION	850.00
UPPER JAW-CLOSED REDUCTION	510.00
FRACTURE LOWER JAW CLOSED	740.00
OPEN REDUCTION OF DISLOCATION	210.00
CLOSED REDUCTION OF DISLOCATION	210.00
REMOVAL OF LABIAL FRAENUM	175.00
GENERAL ANESTHESIA	175.00
ANESTHESIA IV SEDATION	175.00

ORTHODONTICS (12 MONTH WAITING PERIOD MUST BE SATISFIED)

OVERAL MAXIMUM PER PERSON PER LIFETIME	2,400.00
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ADJUNCTIVE SERVICES

PALLIATIVE TREATMENT	60.00
<i>no other treatment that visit</i>	
SPECIALIST CONSULTATION	60.00
<i>maximum-one per specialty in a calendar year</i>	
SECOND OPINION CONSULTATION	41.00

OPTICAL BENEFITS SCHEDULE

Optical Benefits are payable for one adult per family per calendar year. The plan will pay for either contact lenses or eyeglasses in a calendar year, but not both. Dependent children are also eligible.

OPTICAL EXAM	70.00
FRAMES	100.00
SINGLE VISION LENSES	80.00
BIFOCAL LENSES	110.00
TRIFOCAL LENSES	180.00
LENTICULAR	200.00
SUBNORMAL	220.00
CONTACT LENSES	150.00
PRESCRIPTION SWIM GOGGLES	70.00
LASIX.....(One per family lifetime).....	280.00